

Important Notice to Employers

The formatting of Employer's state I.D. No. in Box 15 on the Federal Form W-2 should be performed as follows:

- The letters NE should appear under the word State and prior to the vertical separator in this box.
- The employer's Nebraska Identification Number as displayed on the preidentified Form 941N should appear directly following the vertical separator. This number should not include the preceding 21- from the preidentified Form 941N.

The following example should be used as a guide:

Nebraska Department of REVENUE www.revenue.ne.gov		d instru	ithholding Ret ctions on reverse side EASE DO NOT WRITE IN THIS		FORM 941N	
Tax Cat. Nebr. I.D. Number Reporting Period OCT-DEC 2007 JAN MME AND LOCATION ADDRESS	Due Date N 31 2008	3	NAME AND MA	AILING ADDRESS	S	
LAST JOB INC 97 WHEATLEY AVE WHEAT, NE 69370			LOCAL ACCOUNTING SERVICES PO BOX 1259 WHEAT, NE 69370			
The Nebraska Identification Number from shown below.	m the exa	mple	e is 724256 and is	reported on	Form W-2 a	
22222 a Employee's social security number	OMB No. 15	45-0008				
b Employer identification number (EIN) 47-9876543	I	1 W	/ages, tips, other compensation 24,504.56		me tax withheld	
c Employer's name, address, and ZIP code		3 S	ocial security wages	4 Social secur	ity tax withheld	
LAST JOB INC		5 N	24,504.56 Medicare wages and tips	1,5	519.28 x withheld	
97 WHEATLEY AVE			24,504.56	3	555.32	
WHEAT, NE 69370		7 S	ocial security tips	8 Allocated tip	os	
d Control number 400-00-6202		9 A	dvance EIC payment	10 Dependent	care benefits	
400-00-6202 e Employee's first name and initial Last name	Suff.		dvance EIC payment	10 Dependent of	care benefits	
e Employee's first name and initial SAMPLE U Last name NEBRASKAN	Suff.	11 N	onqualified plans	12a	care benefits	
400-00-6202 Employee's first name and initial SAMPLE U 74131 FESCUE DR Last name NEBRASKAN	Suff.		onqualified plans		care benefits	
e Employee's first name and initial SAMPLE U Last name NEBRASKAN	Suff.	11 N	onqualified plans utory Retirement Third-party toyee plan sick pay	12a	care benefits	
400-00-6202 Employee's first name and initial SAMPLE U 74131 FESCUE DR Last name NEBRASKAN	Suff.	11 N	onqualified plans utory Retirement Third-party toyee plan sick pay	12a	care benefits	
e Employee's first name and initial SAMPLE U NEBRASKAN 74131 FESCUE DR RYE, NE 69368	Suff.	11 N	onqualified plans utory Retirement Third-party toyee plan sick pay	12a	care benefits	
400-00-6202 Employee's first name and initial SAMPLE U 74131 FESCUE DR Last name NEBRASKAN	Suff.	11 N 13 State emp	onqualified plans utory Retirement Third-party toyee plan sick pay	12a		
e Employee's first name and initial SAMPLE U NEBRASKAN 74131 FESCUE DR RYE, NE 69368		11 N 13 State emp	Ionqualified plans utory Retirement Third-party loyee plan sick pay tther	12a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

Formatting of this information is important since taxpayers taking part in the Nebraska electronic filing programs will be asked to report the Nebraska identification number. Failure to format the state withholding information correctly may result in the denial of your employees' withholding credit. If you have questions about the correct way to format your Forms W-2 for employees with Nebraska withholding call 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5729. Thank you for your cooperation.